



# **AMERICORPS EDUCATION AWARDS PROGRAM 2003 APPLICATION INSTRUCTIONS**

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## **IMPORTANT NOTICE**

**The Corporation for National and Community Service is changing its application instructions in preparation for an on-line grant application system in fiscal year 2003. We are currently seeking Office of Management and Budget (OMB) approval. Until we receive final approval, we are providing the following application instructions to you in draft form.**

**You may use these application instructions and forms to plan your program and develop your application. We expect the application instructions and forms to be approved by OMB by late January, 2003. At that time we will post any changes on our website: [www.nationalservice.org](http://www.nationalservice.org). Please check our website to see if there are any changes you may need to make to your application.**

# **AMERICORPS EDUCATION AWARDS PROGRAM APPLICATION INSTRUCTIONS**

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The following application instructions detail the submission requirements for new AmeriCorps Education Awards Program applications. Use these instructions to prepare your application. In addition, you need to carefully read the 2003 AmeriCorps Guidelines to complete your application.

The Education Awards Program seeks to broaden the network of national service programs and strategies and to increase the number of communities using AmeriCorps members to better meet their environmental, educational, public safety, homeland security, and other human needs.

Grantees of the Education Awards Program do not have to provide child care, a living allowance, or health care to participants. Applicant organizations must obtain most or all of the AmeriCorps member and program costs from other sources. The Corporation will consider requests for grants of up to \$400 per full-time member (pro-rated for less than full-time members) to defray a minor portion of program management costs. The Corporation will pay the education awards for members who successfully complete service.

## **ELIGIBLE APPLICANTS**

State commissions (on behalf of applicants within their states), nonprofit organizations proposing program sites in more than one state, other programs operating in more than one state, and multi-state collaborations must apply directly to the Corporation.

Local nonprofit organizations, state, and local units of government (other than state educational agencies), and programs that operate only within the state must apply through their respective state commission on national and community service.

Institutions of higher education, groups of two or more institutions of higher education, or state education agencies may apply either directly to the Corporation or through their state commission on national and community service.

## **SUBMISSION REQUIREMENTS**

The Corporation has developed a new grants management system, called eGrants, that includes on-line grant applications, awards, and reporting. You will be able to use the built-in budget and application compliance checks to ensure that you complete all parts of your application.

To access eGrants, go to the Corporation's website ([www.nationalservice.org](http://www.nationalservice.org)) to set up an eGrants account. Use the document entitled "eGrants: How to Complete Your Grant Application" to walk you through the process. This document is available on our website or can be obtained from your state commission.

## COMPLIANCE REQUIREMENTS FOR NEW AMERICORPS EDUCATION AWARDS PROGRAM APPLICATIONS

### We require applicants to:

- ❑ Submit applications by the posted deadline. eGrants submission deadlines are 11:59 p.m. Eastern Standard Time on February 11, 2003, May 8, 2003, and November 5, 2003.
- ❑ Organize your application in the sequence outlined in these instructions.
- ❑ Adhere to the character listed in the narrative section below.
- ❑ Complete the Summary of Accomplishments and Outcomes if your organization currently receives Corporation funding or has received Corporation funding in the last three years.
- ❑ Submit financial statements or audits and a recent evaluation of your program, if you have one (see page 10). Do not submit any other supplementary materials such as annual reports, videos, brochures, letters of support, or any supplementary material not requested in the application. They will not be reviewed.

### Additionally, if submitting a paper application:

- ❑ Submit one unbound, single-sided original paper application. We also ask that you voluntarily submit a diskette in order to expedite processing. The diskette version must be an exact duplicate of the paper original and will be used to copy and paste your application information into eGrants. (Facsimiles or email versions of your application will not be accepted.) Paper applications must arrive at the Corporation by 5:00 p.m. Eastern Standard Time on February 11, 2003, May 8, 2003, and November 5, 2003. Submit to:  
Corporation for National and Community Service  
AmeriCorps Education Awards Programs  
Box EAP  
1201 New York Avenue, NW  
Washington, DC 20525
- ❑ Type and double-space the application in Times New Roman, 12-point font size with one-inch margins.
- ❑ Adhere to the character limits listed in the narrative section below and number the pages.
- ❑ If you are unable to submit using eGrants, please include a cover memo explaining why you were unable to submit so we can continue to make improvements to the system.

### The Corporation will not review applications that:

- ❑ arrive at the Corporation after the deadline; or
- ❑ do not include the Summary of Accomplishment and Outcomes, if applicable.

## APPLICATION INSTRUCTIONS FOR NEW AMERICORPS EDUCATION AWARDS PROGRAMS

See page 41 of the 2003 AmeriCorps Guidelines for a detailed description of the review and selection criteria peer reviewers and staff will apply in their review of new applications. If your program is currently in its final year of its grant cycle, you must apply using these application instructions.

If you are eligible to apply directly to the Corporation, select one of the following Notices of Funding Availability (NOFA):

AmeriCorps Education Awards Program Feb FY 2003;

AmeriCorps Education Awards Program May FY 2003; or  
AmeriCorps Education Awards Program Nov FY 2003.

If you must apply through your state commission, the commission will provide you with specific instructions you need to submit an application.

**General Submission Information.** Your application consists of the following components. Please make sure to address each one.

- I. SF424 Facesheet**
- II. Authorization, Assurances, and Certifications**
- III. Narrative**
- IV. Service Categories**
- V. Performance Measurements**
- VI. Budget**
- VII. Documents**

- ❑ We suggest you prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.
- ❑ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.
- ❑ Remember to follow the character limits listed below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.

If you are unable to include any element listed in the 2003 AmeriCorps Guidelines as part of your program, either because of your program model, or for any other reason, please include an explanation in your application. We will consider your explanation during the grant application review process. See page 46 of the 2003 AmeriCorps Guidelines for additional information.

**I. SF424 Facesheet (Applicant & Application tabs)**

Complete the Applicant and Application tabs. See Appendix A.

**II. Authorization, Assurances, and Certifications (Assurances & Certification tab)**

Read the authorization, assurances, and certifications carefully. Complete each section of the Assurances and Certifications tab. See Appendix A # 17 and Appendix B.

**III. Narrative (Narratives tab)**

*Provide a well-designed program plan with a clear and compelling justification for awarding the requested funds. The narrative covers the three-year program period for which you are requesting approval. The selection criteria and their percentage weights are cited below.*

The Narrative includes:

- Executive Summary
- Summary of Accomplishments and Outcomes, if applicable
- Program Design (60%)
  - Needs and Service Activities
  - Member Development
  - Strengthening Communities
- Organizational Capacity (25%)
- Budget/Cost Effectiveness (15%)

*The maximum length for the Executive Summary and Summary of Accomplishments and Outcomes is 4,000 characters for each field. The maximum length for Needs and Service Activities, Member Development, Strengthening Communities, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters. Each of these fields has a maximum capacity of 32,000 characters. However, the total of all of the fields combined cannot be more than 41,000 characters. This allows you flexibility in the number of characters you place in each field.*

### **A. Executive Summary**

Provide a concise overview of your proposed program that summarizes the need, planned activities to address the need, anticipated outcomes, and how you will measure these outcomes. **The maximum length for the Executive Summary is 4,000 characters.**

### **B. Summary of Accomplishments and Outcomes**

*Complete this section if your organization: (1) currently receives AmeriCorps program funds or (2) has received Corporation program funds of any type within the last three years. **If you receive or have received Corporation program funds and you omit this section, we will not review your application.***

Provide a clear description of the accomplishments and outcomes you achieved in relation to your AmeriCorps objectives during the past three-year project period.

Include a list of the other type(s) of Corporation program funds your organization received during the past three years. **The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters.**

### **C. Program Narrative**

#### **1. Needs and Service Activities**

*Before you complete this section, carefully read Needs and Service Activities in the 2003 AmeriCorps Guidelines (pages 12-16). The guidelines provide specific information that will help you to address the topics below.*

- a) Needs** – Describe the specific need(s) your program will address. Include a well documented, compelling description of the need in the communities you intend to serve and how the needs were identified.

- b) Description of Activities** – Include a detailed description of proposed activities that relate to the need(s) your program will address. Discuss members’ role in these activities.
- c) Accomplishment in Proposed Activity Areas** – Describe your organization’s history and past accomplishments in the proposed activity areas.
- d) Involvement of Community** – Describe how you involved the target communities in identifying community needs and planning your program; discuss how you will include them in your program implementation.
- e) Value Added** – If you currently operate a community service program and are proposing to make education awards available for those performing the service, please describe how the education awards will add value to the program and increase or enhance the program’s impact in the community. This “value added” may be established by:
  - increasing the number of members participating in the service program;
  - launching new service sites or new service activities;
  - increasing the number of hours of community service provided;
  - expanding the role of community volunteers in the program;
  - improving the caliber or diversity of members enrolled; or
  - promoting other strategies to expand the program or enhance its impact in the community.
- f) Prohibited Service Activities** -- Describe how you will ensure compliance with rules on prohibited service activities. (See page 34, AmeriCorps Guidelines)

## 2. Member Development

*Before you complete this section, carefully read Developing AmeriCorps Members in the 2003 AmeriCorps Guidelines (pages 16-19). The guidelines provide specific information that will help you to address the topics below.*

- a) Recruitment** – Describe how your organization will recruit members to serve in this program.
- b) Member Support** – Describe clear plans for orienting, supervising, training and developing members.
- c) Citizenship** – Describe how members will develop an understanding of civic responsibility and attain citizenship knowledge, skills and attitudes.

## 3. Strengthening Communities

*Before you complete this section, carefully read Strengthening Communities in the 2003 AmeriCorps Guidelines (pages 19-25). The guidelines provide specific information that will help you to address the topics below.*

- a) Developing Community Resources** – Describe how your organization plans to develop community resources including the recruitment and management of volunteers.



- b) Community Partnerships**—Describe the community partnerships you intend to develop including well-defined roles for faith and community-based organizations.
- c) Capacity Building** – Describe plans for increasing the capacity of the organizations and institutions where members are serving and its relationship to sustainability. Describe members’ role in these activities.
- d) Sustainability** –Describe plans for achieving sustainability.
- e) Higher Education Institutions only:** Describe your institution’s efforts to support community service under Federal Work Study (FWS). Include the percentage of your school’s 2001-2002 FWS funds were used for community service placements and your plans for further efforts in this area. See pages 31-32 in the 2003 AmeriCorps Guidelines.

#### **D. Organizational Capacity**

*Describe your organization's overall capacity to operate an AmeriCorps program. In this section include the following topics.*

- 1) Ability to provide sound program and fiscal oversight.
- 2) Plans for monitoring host sites, if applicable.
- 3) Experience in or ability to administer a federal grant.
- 4) Role(s) of key staff person(s) responsible for the program.
- 5) Track record of accomplishments as an organization.
- 6) Plans or systems for self-assessment, evaluation, and continuous improvement (refer to pages 27-29 in the 2003 AmeriCorps Guidelines).

#### **E. Budget/Cost Effectiveness**

Non-federal support and sustainability

- 1) Discuss how your program will attempt to build community support and support from other funding sources.
- 2) Discuss what non-CNCS resource commitments (in-kind and cash) are incorporated in this proposal, and any additional commitments you plan to secure and how you will secure them.

The maximum length for Needs and Service Activities, Member Development, Strengthening Communities, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters.

### **IV. Service Categories (Performance Measure tab)**

Enter the information in the Performance Measure tab. See Appendix C. Please note that while the service categories appear on the Performance Measure tab in eGrants there is no correlation between the service categories and your performance measures. Please check as many service categories as apply to your program activities.

### **V. Performance Measurements (Performance Measure tab)**

*Before you complete this section, read pages 27-29 and Appendix B of the 2003 AmeriCorps Guidelines. Also see the Performance Measurement Toolkit on the Corporation’s website: [www.americorps.org](http://www.americorps.org).*

*We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact.*

Include at least three performance measures.

Among those should be at least one output, one intermediate-outcome, and one end-outcome measure.

We do not require that there be at least one performance objective in each of the three categories – Needs and Service Activities, Member Development, and Strengthening Communities.

At least one of the three measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element.

You may submit other performance measures beyond those required. We will consider any additional performance measures you submit and will negotiate them with the required measures.

Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix D.

## **VI. Budget (Enter/Edit Budget Button on Applicant Tab)**

*In the budget, you will enter the number of AmeriCorps Education Award positions by type and the amount of grant funds you are requesting from the Corporation. Applicants may request a grant from the Corporation up to \$400 per full-time equivalent member (FTE).*

Follow the instructions in Appendix E to prepare your budget request.

## **VII. Additional Documents (Documents tab)**

All additional documents must be submitted to the Corporation by the application deadline.

### **A. Program Evaluations**

Applicants should provide an evaluation completed in the last four years, if one is available.

Submit either an electronic or printed version of the complete evaluation with a one paragraph summary as a coversheet.

### **B. Financial Audit/Information**

Applicants for new funding must provide your most recent A-133 audit, your organization's financial audit, or other financial statements if you have not had a formal audit.

Since this information cannot be submitted on eGrants, send the compiled printed information to:

Corporation for National and Community Service  
AmeriCorps Education Awards Program  
Box EAP  
1201 New York Avenue, N.W.  
Washington, D.C. 20525

Make sure that you include the printed SF424 facesheet so that we know the specific application that corresponds to these documents. If you are submitting evaluations electronically, please send them to [sryan@cns.gov](mailto:sryan@cns.gov). We must receive all evaluation and financial information by 5:00 p.m. Eastern Standard time on February 11, 2003, May 8, 2003, or November 5, 2003.

## APPLICATION INSTRUCTIONS FOR EDUCATION AWARDS PROGRAM CONTINUATION REQUESTS

The following instructions detail the submission requirements for AmeriCorps Education Awards Program continuation requests. Use these instructions to prepare your request. In addition, you need to carefully read the 2003 AmeriCorps Guidelines. The information in the guidelines applies to continuing programs as well as new applicants.

To access eGrants, go to the Corporation's website ([www.nationalservice.org](http://www.nationalservice.org)) to set up an eGrants account. Use the document entitled "eGrants: How to Complete Your Grant Application," to walk you through the process.

### **We require continuation requests to:**

- ❑ Submit applications by the posted deadline. eGrants submission deadlines are 11:59 p.m. Eastern Standard Time on February 11, 2003, May 8, 2003, and November 5, 2003.
- ❑ Organize the information requested in the sequence outlined in these instructions.
- ❑ Adhere to the character limits listed in the narrative section below.
- ❑ Submit a recent evaluation of your program, if you have one (see page 15).

### **Additionally, if submitting a paper application:**

- ❑ Submit one unbound, single-sided original paper application. We also ask that you voluntarily submit a diskette in order to expedite processing. The diskette version must be an exact duplicate of the paper original and will be used to copy and paste your application information into eGrants. (Facsimiles or email versions of your application will not be accepted.) Paper applications must arrive at the Corporation by 5:00 p.m. Eastern Standard Time on February 11, 2003, May 8, 2003, and November 5, 2003. Submit to:  
Corporation for National and Community Service  
AmeriCorps Education Awards Programs  
Box EAP  
1201 New York Avenue, NW  
Washington, DC 20525
- ❑ Type and double-space the application in Times New Roman, 12-point font size with one-inch margins.
- ❑ Adhere to the character limits listed in the narrative section below and number the pages.
- ❑ If you are unable to submit using eGrants, please include a cover memo explaining why you were unable to submit so we can continue to make improvements to the system.

**General Submission Information:** Continuation request instructions apply only to programs that are currently in their first or second year of operation within a three-year grant cycle. If your program is currently in its final year of its grant cycle, you must apply using the new application instructions.

Your continuation request consists of the following components. Please make sure to address each one.

- I. SF424 Facesheet**
- II. Authorization**
- III. Narrative**
- IV. Service Categories**
- V. Performance Measurements**
- VI. Budget Worksheet and Form**
- VII. Documents**

- ❑ We suggest you prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.
- ❑ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.
- ❑ Remember to follow the character limits listed below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.

### **I. SF424 Facesheet (Applicant & Application tabs)**

Complete the Applicant and Application tabs. See Appendix A.

### **II. Authorization (Assurances and Certifications tab)**

Read and complete the Authorization. See Appendix A #17. Continuation requests do not need to complete the Assurances and Certifications.

### **III. Narrative (Narratives tab)**

If you are unable to include any key element listed in the 2003 AmeriCorps Guidelines on pages 8-11 as part of your program, either because of your program model, or for any other reason, please include an explanation in your application. We will consider your explanation during the review of your continuation request.

The maximum length of the narrative section is 20,000 characters<sup>1</sup>.

The narrative should include the following: (Next to each bullet is the name of the field in which you should enter your text.)

Progress to date for the grant period; (Summary of Accomplishments)

Description of how you will ensure compliance with rules on prohibited service activities. (Needs and Service Activities)

Planned changes to the previous year's program activities; (Use any field where you have changes)

Description of how members will develop an understanding of civic responsibility and attain a new level of citizenship knowledge, skills, and attitudes; (Member Development)

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<sup>1</sup> Characters = all letters, punctuation, and spaces included in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

Description of how you will recruit and manage volunteers; (Strengthening Communities)

Description of how your program will support the efforts of community and faith-based organizations in meeting community needs; (Strengthening Communities)

Description of your efforts towards sustainability; (Strengthening Communities and Budget/Cost Effectiveness) and

Changes in your program objectives to meet the requirements for performance measures; (You may choose to describe your changes in one or several program narrative fields.)

**Higher Education Institutions only:** Describe your institution's efforts to support community service under Federal Work Study (FWS). Include the percentage of your school's 2001-2002 FWS funds that were used for community service placements and your plans for further efforts in this area. (Strengthening Communities)

#### **IV. Service Categories (Performance Measure tab)**

Enter the information in the Performance Measure tab. See Appendix C.. Please note that while the service categories appear on the Performance Measure tab in eGrants there is no correlation between the service categories and your Performance Measures. Please check as many service categories as apply to your program activities.

#### **V. Performance Measurements (Performance Measure tab)**

*Before you complete this section, read pages 27-29 and Appendix B of the 2003 AmeriCorps Guidelines. Also see the Performance Measurement Toolkit on the Corporation's website: [www.americorps.org](http://www.americorps.org).*

*We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact.*

Include at least three performance measures.

Among those should be at least one output, one intermediate-outcome, and one end-outcome measure.

We do not require that there be at least one performance objective in each of the three categories – Needs and Service Activities, Member Development, and Strengthening Communities.

At least one of the three measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element.

You may submit other performance measures beyond those required. We will consider any additional performance measures you submit and will negotiate them along with the required measures.

Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix D.

## **VI. Budget**

### **(Enter/Edit Budget Button on Applicant Tab)**

In the budget, you will enter the number of AmeriCorps Education Award positions by type and the amount of grant funds you are requesting from the Corporation. Applicants may request a grant from the Corporation up to \$400 per full-time equivalent member (FTE).

Follow the instructions in Appendix E to prepare your budget request.

## **VII. Additional Documents (Documents tab)**

All additional documents must be submitted to the Corporation by the deadline.

### **A. Program Evaluations**

Applicants should provide an evaluation completed in the last four years, if one is available. Submit either an electronic or printed version of the complete evaluation with a one paragraph summary as a coversheet.

Since this information cannot be submitted on eGrants, send the compiled printed information to:

Corporation for National and Community Service  
AmeriCorps Education Awards Program  
Box EAP  
1201 New York Avenue, N.W.  
Washington, D.C. 20525

Make sure that you include the printed SF424 facesheet so that we know the specific application that corresponds to these documents.

If you are submitting evaluations electronically, please send them to [sryan@cns.gov](mailto:sryan@cns.gov). We must receive all evaluation information by 5:00 p.m. Eastern Standard time on February 11, 2003, May 8, 2003, or November 5, 2003.

## APPENDIX A: FACESHEET INSTRUCTIONS (EGRANTS “APPLICANT” AND “APPLICATION” TABS)

This form is required for applications submitted for federal assistance.

### *Item #*

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank  
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
  - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.  
Item 7.b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

- |   |  |
|---|--|
| 1. 2-year college                                       | 16. Local Education Agency                             |
| 2. 4-year college                                       | 17. Local Government Municipal                         |
| 3. Area Agency on Aging                                 | 18. National Non-profit (Multistate)                   |
| 4. Chamber of Commerce/Business Association             | 19. Other Native American Organization                 |
| 5. Community Action Agency/ Community Action Program    | 20. Other State Government                             |
| 6. Community College                                    | 21. School (K-12)                                      |
| 7. Community-Based Organization                         | 22. Self-Incorporated Senior Corps Project             |
| 8. Faith-based organization                             | 23. Service/Civic Organization                         |
| 9. Governor’s Office                                    | 24. State Commission/Alternative Administrative Entity |
| 10. Grant-making Entity Operating in Two or More States | 25. State Education Agency                             |
| 11. Health Department                                   | 26. Statewide Association                              |
| 12. Hispanic Serving College or University              | 27. Tribal Government Entity                           |
| 13. Historically Black College or University (HBCU)     | 28. Tribal Organization (non-government)               |
| 14. Law Enforcement Agency                              | 29. U.S. Territory                                     |
| 15. Local Affiliate of National Organization            | 30. Vocational/Technical College                       |
|   | 31. Volunteer Management Organization                  |



8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
  - a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle.
  - b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.
  - c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.
  - d. Check “New Application/Previous Grantee” if this is an application for an AmeriCorps Education Award program and you are reapplying for a new grant cycle.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- a. Select “Augmentation” if you are an AmeriCorps Education Award grantee submitting a revised budget to incorporate a Corporation-authorized increase.
  - b. Select “Budget Revision” to make a change in the grant budget, including slots.
  - c. Select “No cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
  - d. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
  10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA:

94.006 AmeriCorps\*State and National --  
Education Award Program

11. a. Enter the title of the project. “Continuation,” “Amendment,” and “New Applicant/Previous Grantee” applicants should use the same title as in their original or previous application.
- b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8)
 

“New” application or “New application/previous grantee”: Enter the dates for the proposed project period.

“Continuation” or “Amendment” application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.
  - a. **Federal**                      The total amount of Federal funds being requested in the budget.
  - b. **Applicant**                    The total amount of the applicant share as entered in the budget.
  - c. **Local**                         The amount of the applicant share that is coming from local sources.

- d. **State**                      The amount of the applicant share that is coming from state sources.
- e. **Other**                      The amount of the applicant share that is coming from other sources.
- f. **Program**
- Income**                      The amount of the applicant share that is coming from income generated by programmatic activities.
- g. **Total**                      The applicant's estimate of the total funding amount for the agreement

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
- b. If No, check the appropriate box.

16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

**Note:** Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

# PART I - FACESHEET

## APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION IDENTIFIER:														
4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:														
5. APPLICANT INFORMATION																
5a. LEGAL NAME:  5b. ORGANIZATIONAL UNIT:  5c. ADDRESS (give street address, city, county, state and zip code):	5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME:  TELEPHONE NUMBER: (       )       - FAX NUMBER: (       )       - INTERNET E-MAIL ADDRESS:  WEBSITE:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float: right;"><input type="checkbox"/></span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____                 </div> <div style="width: 45%;">                     H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization                 </div> </div>															
8. TYPE OF APPLICATION (Check appropriate box): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> NEW                      <input type="checkbox"/> NEW/PREVIOUS GRANTEE  <input type="checkbox"/> CONTINUATION       <input type="checkbox"/> AMENDMENT                 </div> <div style="width: 45%;">                     If Revision, enter appropriate letter(s) in box(es):    <input type="checkbox"/>    <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                     A. AUGMENTATION: <input type="checkbox"/>       B. BUDGET REVISION: <input type="checkbox"/> </div> <div style="width: 45%;">                     C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date)                 </div> </div> <div style="margin-top: 5px;">                     E. OTHER (specify below): <input type="checkbox"/> _____                 </div>																
7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____																
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> Name of Program: _____	11. a. TITLE OF APPLICANT'S PROJECT:															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):	11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT:      START DATE:      END DATE:																
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ N/A</td> </tr> <tr> <td>c. STATE</td> <td>\$ N/A</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ N/A</td> </tr> <tr> <td>e. OTHER</td> <td>\$ N/A</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ N/A</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> </tr> </table>		a. FEDERAL	\$	b. APPLICANT	\$ N/A	c. STATE	\$ N/A	d. LOCAL	\$ N/A	e. OTHER	\$ N/A	f. PROGRAM INCOME	\$ N/A	g. TOTAL	\$	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. FEDERAL	\$															
b. APPLICANT	\$ N/A															
c. STATE	\$ N/A															
d. LOCAL	\$ N/A															
e. OTHER	\$ N/A															
f. PROGRAM INCOME	\$ N/A															
g. TOTAL	\$															
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES    If "Yes," attach an explanation. <input type="checkbox"/> NO																
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:														

## APPENDIX B Assurances and Certifications (Assurances & Certifications tab)

### Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Certification requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Certification inclusion in subgrant agreements**

You agree by submitting this proposal that you will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

**g) Certification of subgrant principals**

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-certification in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

### OMB STANDARD ASSURANCES:

Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.

Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.

Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.

Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a and 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.

Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water

under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).

Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## **CERTIFICATIONS**

### **1. Lobbying (Activities)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### **2. Debarment, Suspension, and Other Responsibility Matters**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, Sections 85.105 and 85.510,

A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of the principals:

- (a) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) (b) of this certification, and
- (d) Has not, within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. Drug-Free Workplace (Granties other than Individuals)

As required by the the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

The applicant certifies that it has or will continue to:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establish an ongoing drug-free awareness program to inform employees about—
  - (1) the dangers of drug abuse in the workplace,
  - (2) the grantee's policy of maintaining a drug-free workplace.
  - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
  - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
  - (1) abide by the terms of the statement, and
  - (2) notify the employer, in writing of his or her conviction for a violation conviction for a violation of any criminal drug statute occurring in the workplace no later than five days after such conviction.
- (e) Notifying the agency in writing within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
  - (1) Taking appropriate personnel action against such an employee, up to and including termination...; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

## Assurances and Certifications

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**ASSURANCE SIGNATURE:**      **NOTE:** Sign this form and include in the application.

**SIGNATURE:**      By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**CERTIFICATION SIGNATURE:**      **NOTE:** Sign this form and include in the application.

**Before you start:** Before completing certification, please read the Certification Instructions.

**SIGNATURE:**      By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:  
☐ Certification: Debarment, Suspension and Other Responsibility Matters  
☐ Certification: Drug-Free Workplace  
☐ Certification: Lobbying Activities

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## APPENDIX C -- SERVICE CATEGORIES (PERFORMANCE MEASURE TAB)

Select as many as apply to your proposed program.

- ☐ Delivery of Health Services
- ☐ Health Education
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Congregate Meals
- ☐ Mental Retardation

### HEALTH/NUTRITION

- ☐ Substance Abuse
- ☐ Physical Disabilities Programs
- ☐ In-Home Care
- ☐ Hospice/Terminally Ill
- ☐ Food Distribution/Collection
- ☐ Boarder Babies

- ☐ HIV/AIDS
- ☐ Immunization
- ☐ Other Health/Nutrition
- ☐ CHIPS/SCHIPS
- ☐ Health Screening

- ☐ Pre-Elementary Day Care
- ☐ Elementary Education
- ☐ Secondary Education
- ☐ Special Education
- ☐ Tutoring & Child Literacy – Elementary
- ☐ Tutoring and Child Literacy – Middle School

### EDUCATION

- ☐ Tutoring and Child Literacy – High School
- ☐ Job Preparedness/Vocation Education
- ☐ Library Services
- ☐ Cultural Heritage
- ☐ ESL
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness

- ☐ Service Learning
- ☐ Adult Education and Literacy
- ☐ Other Education
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Youth Leadership/Development

### ENVIRONMENTAL

- ☐ Waste Reduction/Management/Recycling
- ☐ Environmental Awareness
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Energy Conservation
- ☐ Indoor Environment
- ☐ Toxic Waste Management
- ☐ Wildlife, Land, Vegetation Protection/Restoration
- ☐ Other Environment
- ☐ Community Restoration/Clean Up

### DISASTER

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

### HOMELAND SECURITY

- ☐ Homeland Security-Public Health
- ☐ Homeland Security-Public Safety
- ☐ Homeland Security-Disaster Preparedness/Relief

- ☐ Safety/Fire Prevention/Accident Prevention
- ☐ Adult Offender/Ex-Offender Services/Rehabilitation
- ☐ Child Abuse/Neglect
- ☐ Crime Awareness/Crime Avoidance
- ☐ Victim/Witness Assistance

### PUBLIC SAFETY

- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Neighborhood Watch/Block Watch

- ☐ Sexual Abuse/Rape
- ☐ Children & Youth Safety Programs
- ☐ Juvenile Justice/Delinquency/Gangs
- ☐ Legal Assistance
- ☐ Safe Havens
- ☐ Other Public Safety

### HOUSING

- ☐ Home Management Support/Education
- ☐ Homelessness
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living-Disabled
- ☐ Independent Living-Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

### HUMAN NEEDS – GENERAL

- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Other Human Needs Services

### COMMUNITY AND ECONOMIC DEVELOPMENT

- ☐ Consumer Education
- ☐ Transportation Services
- ☐ Community Improvement
- ☐ Regional/State/City Planning
- ☐ Social Services Planning/Delivery
- ☐ Community-Based Volunteer Programs
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming

- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Small/Minority Business
- ☐ Tax Counseling/Counseling
- ☐ Thrift Store
- ☐ Microenterprise
- ☐ Technology Access
- ☐ Welfare to Work

- ☐ Other Community Development

# APPENDIX D1: Performance Measurement Worksheet (Output Example)

**Output**--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
--	---	--	---------------------------------------	----------------------------	----------------------------

Creating Performance Measures	EXAMPLE: OUTPUT
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	<b>OUTPUT:</b> Parents of 9 <sup>th</sup> graders at risk of dropping out of school will complete a drop-out prevention program.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: Attendance rosters and instructor certification.
4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	First year, parents of 25% of the ninth graders deemed at-risk will complete the drop-out prevention program. Second year, parents of 35% of the ninth graders deemed at-risk will complete the drop-out prevention program. Third year, parents of 50% of the ninth graders deemed at-risk will complete the drop-out prevention program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	<b>OUTPUT:</b> Parents of 9 <sup>th</sup> graders at risk of dropping-out complete drop out prevention classes. In the first year, parents of 25% of the ninth graders deemed at-risk will <b>complete the drop-out prevention program</b> .
6. If you have <b>data for this performance measure from prior years</b> , report it here.	No data are available from previous years.

## APPENDIX D2: Performance Measurement Worksheet (Int. Outcome Example)

**Output**--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
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<b>Creating Performance Measures</b>	<b>EXAMPLE:</b>
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	<b>INTERMEDIATE-OUTCOME:</b> Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records of behavioral incidents.
4. What are the <b>targets</b> that you expect to meet on this performance measure during the three-year grant period?	In the second year and third years, the frequency of <b>behavioral incidents</b> among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> .	<b>INTERMEDIATE-OUTCOME:</b> Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school. In the second year, the frequency of <b>behavioral incidents</b> among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
6. If you have <b>data for this performance measure from prior years</b> , report it here.	No data available from prior years on this performance measure.

## APPENDIX D3: Performance Measurement Worksheet (End Outcome Example)

**Output**--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
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Creating Performance Measures	EXAMPLE:
1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.	<b>END OUTCOME:</b> Completion of drop out prevention program leads to decrease in student drop out rate.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records.
4. What are the <b>targets</b> that you expect to meet on this indicator during the three-year grant period?	In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% <b>lower drop-out rate</b> than the students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 3 above. This is your <b>performance measure</b> .	<b>Performance Measure :</b> In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% <b>lower drop-out rate</b> than the students who are on a wait list for the program.
6. If you have <b>data for this target from prior years</b> , report it here.	No data are available for previous years.

## APPENDIX E BUDGET INSTRUCTIONS

### Section I. Not Applicable

### Section II. AmeriCorps Member Positions

#### A. Member Positions

Identify the number of Education Award members you are requesting by category (i.e. full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS funded living allowance.) Leave all other columns blank.

The total number of full-time equivalent members (FTE) will automatically calculate at the bottom of the eGrants screen.

Item	# of Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share
Full-time (1700 hours)			8			
Half-time (900 hours)			36			
Reduced half-time (675 hours)						
Quarter-time (450 hours)			30			
Minimum-time (300 hours)			20			

**Total FTE** 37.5

For your reference, full-time equivalent (FTE) positions are calculated as follows:

Member Positions	Calculation	FTE
Full-time (1700 hours)	(_____ members x 1.000) =	_____
Half-time (900 hours)	(_____ members x 0.500) =	_____
Reduced half-time (675 hours)	(_____ members x 0.375) =	_____
Quarter-time (450 hours)	(_____ members x 0.250) =	_____
Minimum-time (300 hours)	(_____ members x 0.200) =	_____
<b>Total FTE</b> =		_____

#### B. Fixed Award

On the first line, under "Purpose," you will see Program Grant Request; on the same line, under "Calculation," you will enter the calculation for your grant request. Applicants may request up to \$400 per full-time member equivalent (FTE's).

Display your calculation in the following format:

Total # of FTE's \_\_\_\_\_ x FTE amount (up to \$400) \_\_\_\_\_ = Total Grant Request \$ \_\_\_\_\_

Type the total amount requested in the “Total Amount” & “CNCS Share” columns. Leave the “Grantee Share” blank.

**B. Fixed Award**

Purpose – Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request -- 37.5 FTE x \$400/FTE	\$15,000	\$15,000	
<b>Totals</b>	\$15,000	\$15,000	

## APPENDIX F BUDGET WORKSHEET

### A. Member Positions

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
2 <sup>nd</sup> Year of 2-Year Half Time						
Totals						

Total FTE

### B. Fixed Award

Purpose – Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request --			
<b>Totals</b>			

## APPENDIX G DEFINITIONS

**Act** means the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 *et seq*).

**Approved national service position** means a national service position for which the Corporation has approved the provision of a national service education award as one of the benefits provided for successful service in the position.

**Eligible Member** means an individual: (1) who is enrolled in an approved national service position; (2) who is a U.S. citizen, U.S. national or lawful permanent resident alien of the United States; (3) who is at least 17 years of age at the commencement of service unless the member is out of school and enrolled **(a)** in a full-time, year-round youth corps Program or full-time summer Program as defined in the Act (42 U.S.C. §12572 (a) (2)), in which case he or she must be between the ages of 16 and 25, inclusive, or **(b)** in a Program for economically disadvantaged youth as defined in the Act (42 U.S.C. §12572 (a)(9)), in which case he or she must be between the ages of 16 and 24, inclusive; and (4) has a high school diploma or an equivalency certificate [or agrees to obtain a high school diploma or its equivalent before using an education award] and who has not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member (unless enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U.S.C. §1091), or who has been determined through an independent assessment conducted by the Program to be incapable of obtaining a high school diploma or its equivalent (provided that the Corporation has waived the education attainment requirement for the individual).

**Indian tribe** means a federally-recognized Indian Tribe, band, nation, or other organized group or community, including any Native village, Regional Corporation, or Village Corporation, as defined under the Alaska Native Claims Settlement Act (43 U.S.C. 1602), that the United States Government determines is eligible for special programs and services provided under federal law to Indians because of their status as Indians. Indian Tribes also include any tribal organization controlled, sanctioned, or chartered by one of the entities described above.

**Program** means a national service Program, described in the Act (42 U.S.C. §12572(a)), carried out by the Grantee through funds awarded by the Corporation and carried out in accordance with federal requirements.

**Project** means an activity or set of activities carried out by a Program that results in a specific, identifiable community service or improvement: (1) that otherwise would not have been made with existing funds; and (2) that does not duplicate the routine services or functions of the organization to whom the members are assigned.

**Project sponsor** means an organization or other entity that has been selected to provide a placement for a member.



**State Commission** means, for the purposes of these application instructions, the Commission on National and Community Service established by a state pursuant to the Act (42 U.S.C. §12638), including an authorized alternative administrative entity to administer the state's national service plan and national service programs and to perform such other duties prescribed by law.